

RECEIVED
CENTRAL FAX CENTER

AUG 16 2007

PAGE 4/49 * RCV D AT 8/16/2007 3:32:04 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/8 * DNS:2738300 * CSID: * DURATION (mm:ss):07:50

Under the Trademark Extension Act of 1992, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/02-04-07
Approved for use through 06/30/2007. OMB 0501-0001
U.S. Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2006
(Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 48-18))

Application Number: 10823,368-Conf. #4859 Filed: April 13, 2004

Docket Number (Optional): 620060DV2(61560)

For TOPICAL ANESTHETIC/OPICOID FORMULATIONS AND USES THEREOF

Art Unit: 1817 Examiner: L. M. Williams

This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$ 225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080

☒ Applicant claims small entity status. See 37 CFR 1.27.
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ This Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor, ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 51616
☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34

Signature: *Nicholas D. Capella, Jr.* Date: August 16, 2007
Typed or printed name: Nicholas D. Capella, Jr.
Telephone Number: (203) 353-8880

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

10823365

00000032 041105

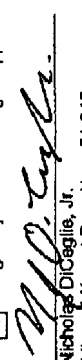
60.00 DA

08/17/2007 HDETA1

01 FC:2251

RECEIVED
CENTRAL FAX CENTER
AUG 16 2007

PAGE 5/49 * RCVD AT 8/16/2007 3:32:04 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-5/8 * DMS:2738300 * CSID: * DURATION (mm:ss):07:50

AMENDMENT TRANSMITTAL LETTER				Docket No. 62069DIV2(51590)
Application No. 10823,365-Conf. #4859	Filing Date April 13, 2004	Examiner L. M. Williams	Art Unit 1617	
Applicant(s): Gavril W. Pasternak et al.				
Invention: TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
20	35		x	
Total Claims Independent Claims	1	3	x	
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>
Other fee (please specify): Extension for response within first month				60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				60.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 60.00 A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Nicholas DiCeglie, Jr. Attorney/Agent Reg. No.: 51,615				Dated: August 16, 2007
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (203) 353-6880				

Aug. 16, 2007 3:30PM EDWARDS ANGELL PALMER & DODGE No. 5097 P. 5

Best Available Copy